

STATE OF ARKANSAS

2006 OUT-OF-STATE CONTINUING EDUCATION ANNUAL REPORT FORM

INSTRUCTIONS:

If you are an out-of-state registrant and have participated in AL, FL, IL, IA, KS, KY, LA, MD, MA, MN, NE, NM, NJ, NY, NC, OK, OR, PR, RI, SC, SD, TN, TX, VT, WV or WY's mandatory continuing education program, you do not have to complete the Arkansas program. However, you must send in a copy of a current license from that state or documentation that you have satisfied a continuing education program in another state.

If you are a first time registrant with license number **3695 or higher**, you are exempt from continuing education for this renewal period. Please place your license number in the blank: _____

If you are exempt from continuing education because of a personal hardship, you must attach a copy of the approval letter from the Board which granted you a personal hardship. **NOTE: All requests for hardship must be received in the Board Office by June 1 of each year.**

COUNT TOWARD YOUR CEH REQUIREMENTS.

List all STRUCTURED activities in which you participated that can be used for continuing education credit. You must submit a minimum of 8 HSW and a maximum of 4 elective hours. **ALL CONTINUING EDUCATION HOURS MUST BE VERIFIED FROM A THIRD PARTY. SELF REPORTING HOURS WILL NOT**

ALL DOCUMENTATION THAT SUBSTANTIATES YOUR CONTINUING EDUCATION MUST BE INCLUDED WITH THIS REPORT FORM. IF SUPPORTING DOCUMENTATION IS NOT INCLUDED, YOUR RENEWAL WILL BE RETURNED AS DEFICIENT.

Supporting documentation must include one of the following:

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1. A copy of an official AIA transcript not to include self reporting hours;
 2. A copy of a course certificate that includes the registrant's name, date of course and number of hours completed
 3. A copy of an official NCARB monograph certificate; or
 4. An official verification from course sponsor which includes registrant's name, date of course and number of hours completed

THESE ARE THE LARGEST AND MOST DIVERSE GROUPS OF SPONGES, WHICH ARE FOUND IN ALL COASTAL SPOTS.

I CERTIFY AND AFFIRM THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PARTICIPATED IN THE ABOVE LISTED CONTINUING EDUCATION ACTIVITIES DURING THE PERIOD AUGUST 1, 2004 TO JULY 31, 2005.

Signature of Licensee:

Date: